

**Voluntary Recall of Imovax® Rabies, Rabies Vaccine (Human Diploid Cell)**  
**Lots X0667-2 and X0667-3 (Expiration date 6/24/06)**  
**Lots W1419-2 and W1419-3 (Expiration date 12/6/05)**

## Vaccine Recall Packing List

To ensure the issuance of proper credit and for protection of our customers, please follow these steps in shipping your returned goods:

1. Fill out and return the **reply card** under separate cover regardless of whether or not you are returning product.
2. If you are returning product, please indicate the amount you are returning on this **packing list** and enclose it with the product you are returning.
3. Use **return label** provided to send product back in a padded envelope or cardboard box via U.S. Postal Service.
4. Enclose all doses of **the recalled lots**.
5. If you have any questions on how to return product, please call 1-800-335-1349.

Thank you for taking the time to return this product. Please review return instructions and indicate the amount of the return below.

### ENCLOSE THIS PACKING LIST WITH YOUR SHIPMENT

Lot # X0667-2

Lot # X0667-3

Lot # W1419-2

Lot # W1419-3

\_\_\_\_\_ Doses

\_\_\_\_\_ Doses

\_\_\_\_\_ Doses

\_\_\_\_\_ Doses

Use the enclosed Shipping Label to return  
your vials of Imovax® Rabies, Rabies Vaccine

Checked	Date	Postage

MKT9026-1R